

MI2000005556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

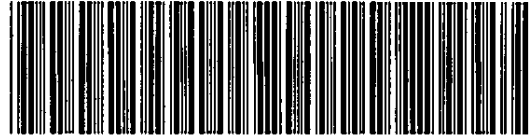
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09/09/16--01018--002 \*\*50.00

06/03/16--01003--010 \*\*35.00

FILED  
2016 SEP -6 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Signature] 9/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2016

IN-TRINITY GROUP LLC  
ATTN: DANNY MUIR  
8121 IMPERIAL DR  
PENSACOLA, FL 32506

SUBJECT: PAINT BOOTH DOCTORS, LLC  
Ref. Number: M12000005550

2016 SEP -6 AM 9:13  
TALLAHASSEE, FLORIDA

We have received your document for PAINT BOOTH DOCTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$50.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 316A00017635

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IN-TRINITY GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M12000005550

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANNY MUIR

Name of Person

IN-TRINITY GROUP, LLC

Name of Firm/Company

8121 IMPERIAL DRIVE

Address

PENSACOLA, FL 32506

City/State and Zip Code

intrinitygroup@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Bush

Name of Person

at ( 850 ) 471-5659

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2016 AUG 18 PM 2:52  
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DANNY MUIR, hereby resigns as  
Name of Registered Agent

Registered Agent for PAINT BOOTH DOCTORS, LLC  
2357 Rockway Industrial Blvd., N.W., Conyers, GA 30012  
Name of Limited Liability Company

M12000005550  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED  
2018 SEP -6 PM 2:08  
TALLAHASSEE, FL  
SECRETARY OF STATE

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**